MDR: M4-02-4736-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 10/16/01.
   b. The request was received on 08/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC-60 and Statement of Disputed Services
   b. HCFAs-1500
   c. TWCC-62 forms
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II: No Response

3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 08/26/02. The insurance carrier did not submit a response to the additional information. The "No Response Found In Case File" sheet is reflected in Exhibit II of the Commission's Case File.

4. A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Undated Statement of Disputed Issues:
   "We have not recieved [sic] payment for procedure codes 22830$_{80}$, 15570$_{80}$, 15734$_{80}$, 22852$_{80}$. We expect to be paid $942.00 [sic] plus interest for these codes."

2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/16/01.

2. Per the provider's TWCC-60, the amount billed was $2,250.00; the amount paid was $0.00; the amount in dispute is $942.00.

3. The carrier denied the billed services by exception code, "G – INCLUDED IN GLOBAL".

4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
10/16/01 for all CPT codes	22830-80 15570-80 15734-80 22852-80	$1,000.00 $500.00 $500.00 $250.00	$0.00 for all CPT codes	G for all CPT codes	$3,338.00 $1,012.00 $1,922.00 $1,264.00	Global Service Data for Orthopaedic Surgery, 1994; MFG SGR "-80" modifier descriptor	The CPT codes in dispute are not global to any other CPT codes listed in the medical dispute packet according to the GSDOS, 1994. The provider added the "-80" modifier to modify the CPT codes in dispute. The MFG SGR defines modifier "-80" as "…**Assistant Surgeon,** For surgical assistant services by a doctor, add '-80' to the usual procedure number(s). Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session. The reimbursement shall be 25% of the listed MAR of the surgical procedure(s)." The provider failed to document the assistant surgeon's participation in the body of the operative report. His name is listed as "**ASST. SURGEON:**" at the top portion of the operative report only. There is no documentation of the time the assistant surgeon spent in the operative session, there is no documentation to indicate the assistant surgeon was in the operative session, nor is there documentation as to why there was a **need** for an assistant surgeon to be in this operative session. **No** reimbursement is recommended.
Totals		$2,250.00	$0.00				The Requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 14th day of January 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm